

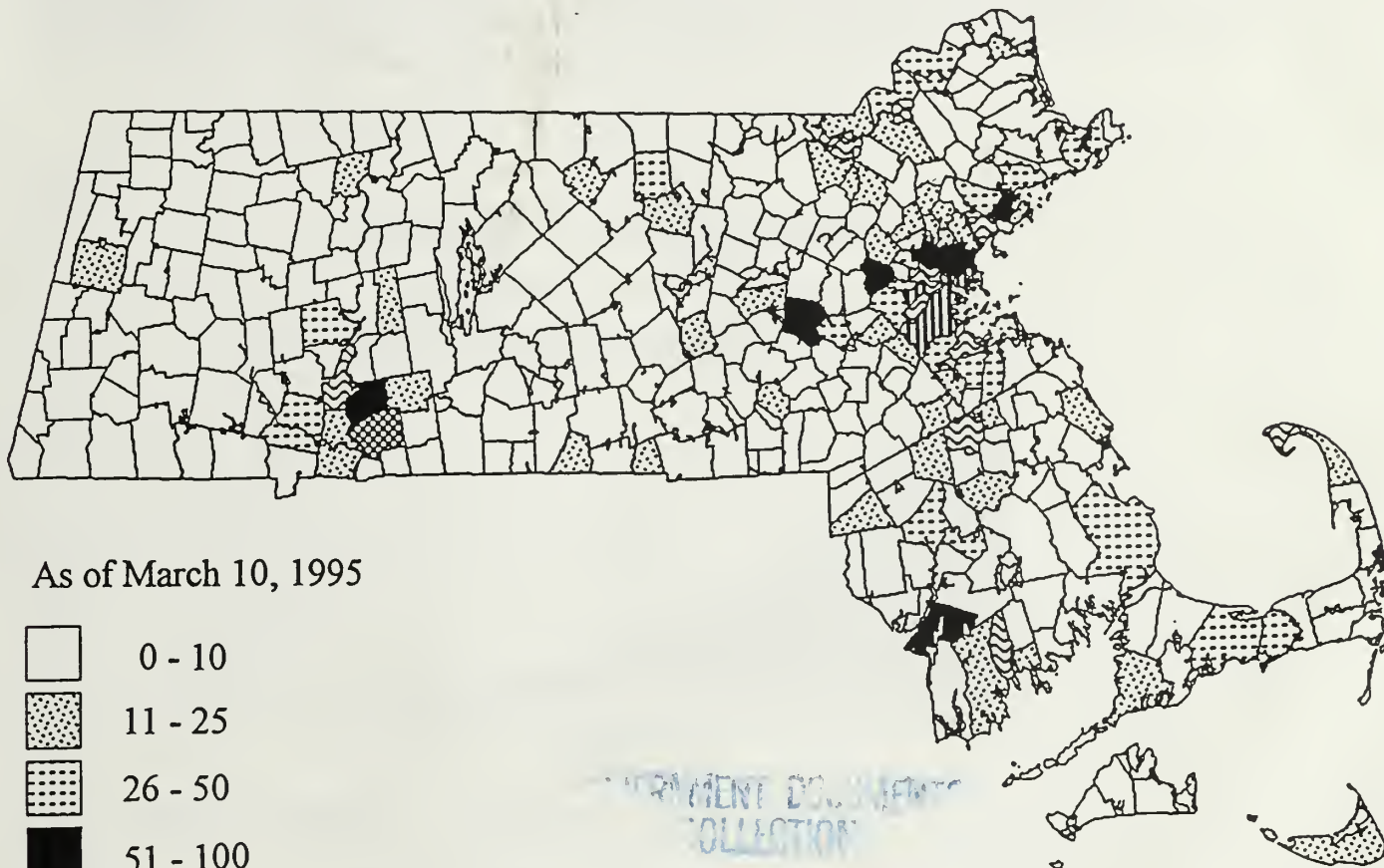
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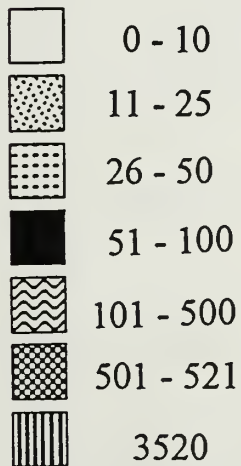
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AIDS In Massachusetts:

A Comparison of the First 5,000 Reported Cases to the Second 5,000



As of March 10, 1995



Prisoners not included

Prepared by the Massachusetts Department of Public Health
AIDS Surveillance Program



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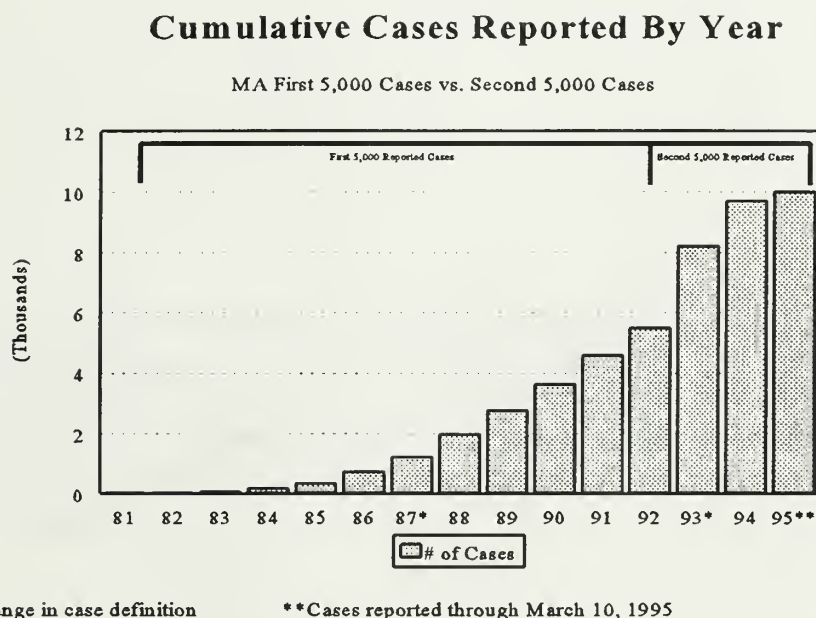
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INTRODUCTION

On March 10, 1995, the AIDS Surveillance Program recorded the 10,000th AIDS case reported in Massachusetts. Massachusetts ranks tenth among the fifty states in total cases reported, representing 2.2% of the United States AIDS case total.

Massachusetts AIDS surveillance began in 1981 when three cases were reported in the state. The Massachusetts AIDS Surveillance Program was officially established in 1983 when AIDS reporting became legally mandated. In the summer of 1992, the 5,000th case was reported. Three years after the 5,000th case was reported, the 10,000th case was entered in the Massachusetts AIDS registry (See Figure 1.0). This report will compare the first 5,000 AIDS cases reported in Massachusetts to the second 5,000 cases reported.

Figure 1.0



RISK FACTORS

More than half of the first 5,000 AIDS cases were reported in gay or bisexual men. Fifty-five percent of the first 5,000 cases were attributed to men having sex with men. Although a large number of cases reported among the second 5,000 cases are attributed to male-to-male sex, they comprise 36% of these cases. The converse trend is seen in injection drug use (IDU) transmission. Twenty-three percent of the first 5,000 cases were attributed to IDU. Thirty-nine percent of the second 5,000 cases are associated with IDU (See Figure 1.1). If 'IDU-related' cases such as heterosexual sex with persons who practice IDU and children born to mothers with IDU exposure are included, the proportion would be higher (See Figure 1.2). Heterosexual exposure accounts for a steady increase in proportion among Massachusetts AIDS cases. Of the first 5,000 cases, 3% were due to heterosexual exposure. That proportion was 12% in the second 5,000 cases, a fourfold increase.

Figure 1.1

Mode of Transmission at Time of Diagnosis

MA First 5,000 Cases vs. Second 5,000 Cases

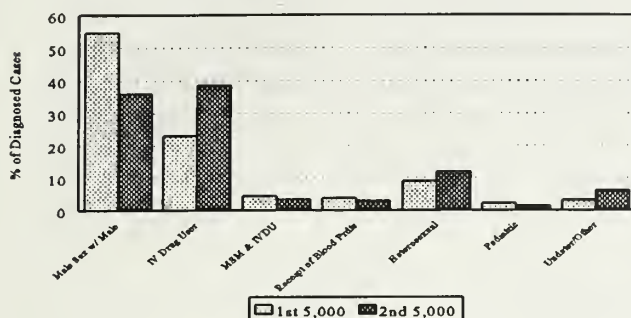
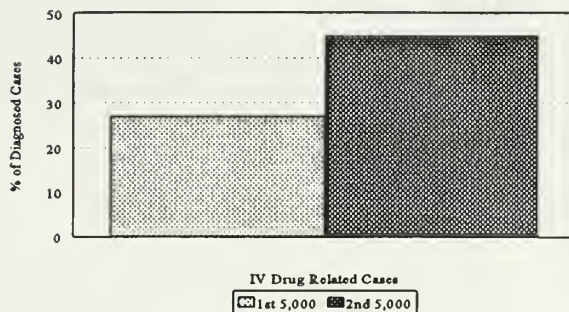


Figure 1.2

IDU-Related AIDS Cases in MA

MA First 5,000 Cases vs. Second 5,000 Cases



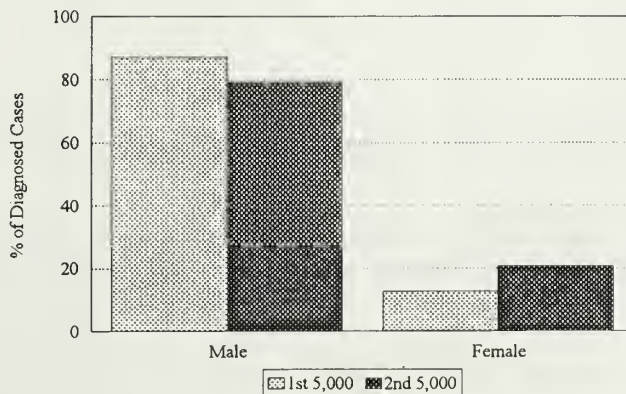
GENDER

AIDS began in Massachusetts as a predominantly male disease with 87% of the first 5,000 cases reported in males. Although the majority of cases reported in the second 5,000 cases are also in males, this proportion declined to 79%. Consequently, the proportion of female AIDS cases increased from 13% to 21% (See Figure 2.1). Seventy-two percent of all females reported among the second 5,000 cases have 'IDU-related' as attributed transmission mode, a 9% increase over the first 5,000 cases.

Figure 2.1

Sex of Patients Diagnosed With AIDS

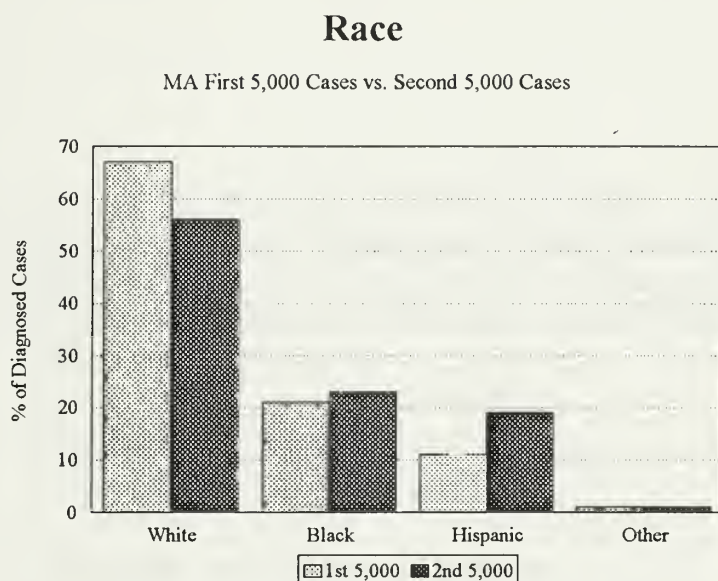
MA First 5,000 Cases vs. Second 5,000 Cases



RACE

Sixty-seven percent of the first 5,000 AIDS cases reported in Massachusetts were diagnosed in whites and 55% of the second 5,000 cases were in whites. AIDS cases were reported in blacks in 21% of the first 5,000 cases and 24% of the second 5,000 cases. Hispanics accounted for 12% of the first 5,000 cases. This proportion was 20% of the second 5,000 cases, an increase of 67%. The remaining 1% of the first and second 5,000 cases were distributed among Asians, Native Americans and those whose race could not be identified (See Figure 3.1).

Figure 3.1



AIDS has disproportionally affected racial and ethnic minorities in Massachusetts, especially among women. Among females in the first 5,000 cases, white females account for 40%, black females 41% and Hispanic females 18% of female cases. Among females in the second 5,000 cases, white females account for 41%, black females 34% and Hispanic females 25%. Thus, 60% of female AIDS cases were in females of color although females of color represent approximately 10% of the female population of Massachusetts (See Table 1.1).

Table 1.1

AIDS Cases Vs. General Massachusetts Population

Race	MA Population	Tot. w/AIDS 1st 5,000	Tot. w/AIDS 2nd 5,000
WHITE	88%	67%	55%
BLACK	5%	21%	24%
HISPANIC	5%	12%	20%
OTH/UNK	2%	1%	1%

Table 1.1(con't)

AIDS Cases by Gender Vs. General Massachusetts Population

Race	MA Population	Male 1st 5,000	Male 2nd 5,000	Female 1st 5,000	Female 2nd 5,000
WHITE	88%	71%	60%	40%	41%
BLACK	5%	17%	21%	41%	34%
HISPANIC	5%	11%	19%	18%	25%
OTH/UNK	2%	1%	1%	1%	<1%

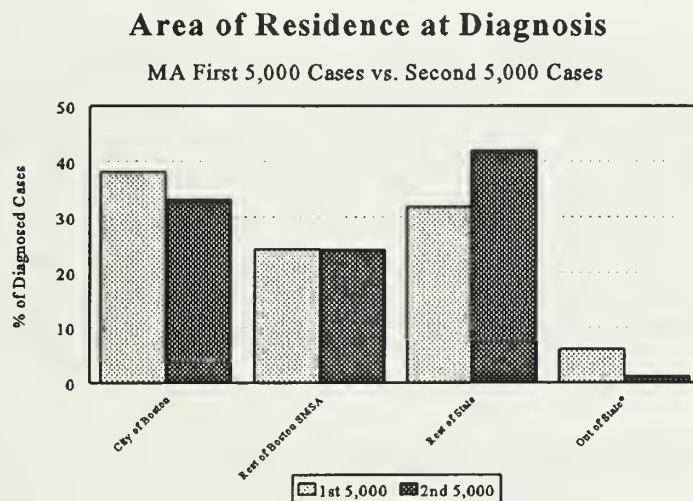
*1990 US Census

REGIONS

The AIDS epidemic has expanded out of the Boston and the metropolitan Boston** area into all regions of the state. Of the first 5,000 cases, 32% were reported from outside of the Boston Metropolitan area (See Figure 4.1). Two-hundred and fifty-five of Massachusetts' 351 cities and towns had at least one AIDS patient among the first 5,000 cases while 283 cities and towns had resident AIDS cases among the 10,000 cases.

**Boston Standard Metropolitan Statistical Area

Figure 4.1

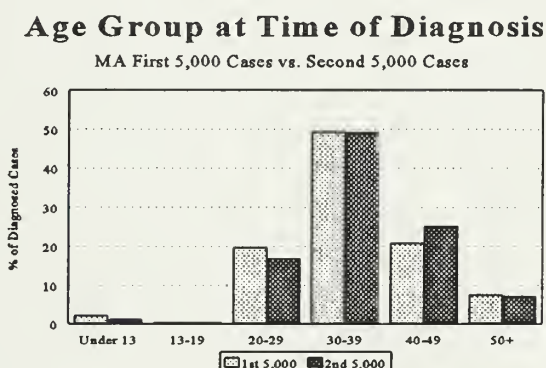


Proportions of AIDS cases by county in Massachusetts have remained relatively stable through the first and second 5,000 cases. Suffolk County, where 11% of the statewide population resides, was reported as the county of residence among 20% of the first 5,000 cases and 18% of the

AGE DISTRIBUTION

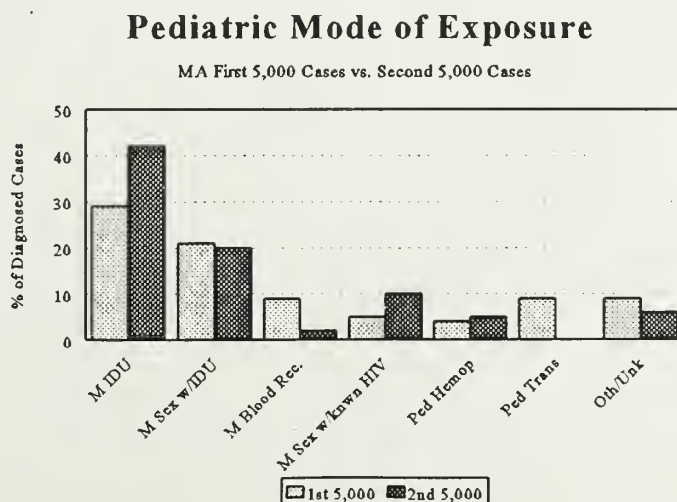
The Massachusetts AIDS Surveillance Program categorizes age into six categories: Less than 13 years, 13 to 19 years, 20 to 29 years, 30 to 39 years, 40 to 49 years and greater than 49 years of age at the time of diagnosis. The 30 to 39 year age group accounts for 49% of cases among both the first and the second 5,000 cases. There has not been a significant change in the age distribution between the first 5,000 and the second 5,000 reported cases of AIDS in Massachusetts. The largest variation has been in the 40 to 49 year old age group, from 21% in the first 5,000 cases to 25% of the second 5,000 cases. There has been a small decrease in the proportion of cases in the 20 to 29 year old age group, from 20% to 17% (See Figure 5.1).

Figure 5.1



AIDS in children under the age of 13 years is categorized as pediatric AIDS. Most cases of pediatric AIDS are due to perinatal transmission of HIV, from the mother to the child prior to birth, during birth or through breastfeeding (See Figure 5.2). Two percent of the first 5,000 cases were reported in children less than 13 years of age. Seventy-nine percent of these cases were due to perinatal transmission and 12% were due to the child's receipt of blood or blood products independent of the mother. One percent of the second 5,000 cases were reported in children less than 13 years, a 36% decrease in reported pediatric AIDS cases. Perinatal transmission as the reported transmission mode in the second 5,000 cases increased to 89% of reported pediatric AIDS cases.

Figure 5.2



CONCLUSION

The AIDS epidemic is evolving. AIDS cases in women and those attributed to 'IDU-related' exposure are increasing. People of color are increasingly and disproportionately affected by the AIDS epidemic. AIDS surveillance provides a population-based system for monitoring severe HIV-related disease and projecting trends in morbidity and mortality.

